

REQUEST FOR PAYMENT OF PERSONAL VEHICLE MILEAGE

Print name

Date	Starting City	Destination City	Official Purpose	Total Mileage
	Bridge Tolls			

Total Mileage

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I certify that a government vehicle was not available during the above required times and request payment in the amount of \$ _____ (Total miles _____ X \$.34 /mile).

Participant Signature:

Mail Payment to:
(address)

Approval(s):

Mentor

ORISE Approval:

Project/Task Number: _____ Travel Participant _____

RETURN TO FAX NUMBER: 410-436-5811 ATTN: Donna Laird ph 410-436-4335